

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7		2				
8		2				
9		2				
10		2				
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45		2				
46		2				
47		2				
48		2				
49		2				
50		2				
TOTAL IND.	7					
TOTAL DEP.	26					
TOTAL CLAIMS	33					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						